

WAYNE STATE UNIVERSITY

DEPARTMENT OF COMMUNICATION

DISSERTATION FELLOWSHIP APPLICATION FORM

FORM FOR ADVISOR

PLEASE COMPLETE AND SUBMIT THIS FORM TO THE GRADUATE SECRETARY, 585 MANOOGIAN.

Advisor Name: _____

Student Name: _____

Please discuss your advisee's application for a Dissertation Fellowship. Give your assessment of the advisee's progress towards completing the dissertation, the relevance of the Dissertation Fellowship towards that end, and any other information you feel is important to consider.

SIGNATURE

Advisor: _____

Date: _____